

**THE AMERICAN BOARD OF  
UROLOGY, INC.**



**2024**  
**INFORMATION FOR APPLICANTS FOR**  
**CONTINUING UROLOGIC CERTIFICATION**  
**(CUC)**

**FIRST EDITION**

**J. Brantley Thrasher, M.D.**

*Executive Director*

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A Member Board of the  
American Board of Medical Specialties (ABMS)

**THIS HANDBOOK IS SUBJECT TO  
CHANGE**

The Board reserves the right to change dates, procedures, policies, requirements, and fees without notice or issuance of a new handbook.

**MISSION**  
**STATEMENT**

**The mission of the American Board of Urology is to act for the benefit of the public to ensure high quality, safe, efficient, and ethical practice of Urology by establishing and maintaining standards of certification for urologists.**

## **2024 Knowledge Assessment Dates**

**October 4<sup>th</sup>, 5<sup>th</sup>, and 8<sup>th</sup>, 2024**

### **CHANGE OF ADDRESS POLICY**

The processes of Certification and maintenance of Certification have become increasingly complex, requiring significant exchanges of information between the American Board of Urology and its Diplomates. For many reasons, standard mail, telephone calls, and faxes have become inefficient. The cost involved is significant for the Board, having the potential to influence fees. It is imperative that the American Board of Urology has current, accurate mailing and electronic contact information for all Diplomates, including those with time unlimited certificates, and those in the Continuing Urologic Certification Program. It is the obligation of the Diplomate to maintain that information with the ABU. Failure to do so compromises the Board's ability to transfer important information to the Diplomate and currency in the Continuing Urologic Certification Program, or certification could be impacted. Diplomates are required to verify their contact information annually and if one's information changes, the ABU must be notified. A lapse in this information could result in the revocation of your certificate.

### **ADDRESS ALL CORRESPONDENCE TO:**

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\* *Deceased*



## **ORGANIZATION**

The American Board of Urology was organized in Chicago on September 24, 1934. Members of the Board present from the American Association of Genito-Urinary Surgeons were Dr. William F. Braasch, Dr. Henry G. Bugbee, and Dr. Gilbert J. Thomas; those from the American Urological Association were Dr. Herman L. Kretschmer, Dr. Nathaniel P. Rathbun, and Dr. George Gilbert Smith; those from the Section of Urology of the American Medical Association were Dr. Clarence G. Bandler, Dr. A. I. Folsom, and Dr. T. Leon Howard. The officers of the Board elected at this meeting were Dr. Herman L. Kretschmer, President; Dr. Clarence G. Bandler, Vice President; and Dr. Gilbert J. Thomas, Secretary- Treasurer.

The American Board of Urology is a nonprofit organization. It was incorporated on May 6, 1935, and held its first legal meeting on May 10, 1935. The Board of Trustees has twelve members (including officers). No salary is paid for service on the Board.

The nominating societies of this Board and sponsors of its activities are: the American Urological Association, the American Association of Genitourinary Surgeons, the American Association of Clinical Urologists, the Society of University Urologists, the American College of Surgeons, and the Section on Urology of the American Academy of Pediatrics.

The American Board of Urology and 23 other medical specialty boards are members of the American Board of Medical Specialties (ABMS), which includes as associate members the Association of American Medical Colleges, the American Hospital Association, the American Medical Association, the Federation of State Medical Boards of the U.S.A., the National Board of Medical Examiners, and the Council of Medical Specialty Societies.

The trademark and seal of the American Board of Urology are registered. Any unauthorized use of the trademark or seal is prohibited without express permission of the Board.

U.S. CORPORATION CO., DOVER, DELAWARE  
(Local Representation at Dover, Delaware)

## **PURPOSE OF CERTIFICATION**

The American Board of Urology, Inc., hereinafter sometimes referred to as “the Board,” is organized to encourage study, improve standards, and promote competency in the practice of urology. The objective of the Board is to identify for the public’s knowledge those physicians who have satisfied the Board’s criteria for certification, maintenance of certification, and recertification in the specialty of urology, as well as the subspecialties of Pediatric Urology and Female Pelvic Medicine and Reconstructive Surgery.

Certification by the Board does not guarantee competence in practice but does indicate that the physician has completed basic training requirements and has demonstrated at the time of examination a fund of knowledge and expertise in the care of those patients whose cases were reviewed by the Board, as described elsewhere in this handbook. Application for certification is completely voluntary. Some certified and all subspecialty certified physicians are required to meet the requirements of the Continuing Urologic Certification. Certification of these Diplomates involved in the Continuing Urologic Certification Program verifies that these Diplomates are in an ongoing process of continued learning and practice verification as well as demonstrating knowledge by passing examinations.

## **FUNCTIONS OF THE BOARD**

The Board evaluates candidates who are duly licensed to practice medicine and arranges and conducts examinations for the purpose of certification, subspecialty certification and ongoing Continuing Urologic Certification. Certificates are conferred by the Board to candidates who successfully complete all requirements for a given certificate. All certificates are the property of the Board, and the Board holds the power to revoke such certificates.

The Board endeavors to serve the public, hospitals, medical schools, medical societies, and practitioners of medicine by preparing a list of urologists whom it has certified. Lists of Diplomates of this Board are published in *The Official ABMS Directory of Board Certified Medical Specialists* and in the *Directory of Physicians of the American Medical Association*.

The Board is not responsible for opinions expressed concerning an individual’s credentials for the examinations or status in the certification process unless they are expressed in writing and signed by the President or Executive Director of the Board.

Application for certification is strictly voluntary. The Board makes no attempt to control the practice of urology by license or legal regulation, and in no way interferes with or limits the professional activities of any duly licensed physician.

## **Continuing Urologic Certification (CUC) Overview**

Continuing Urologic Certification (CUC) is a continuous formative process developed to fulfill ABMS requirements for more consistent assessment of skills needed to deliver contemporary urologic care. The CUC program also responds to Diplomate feedback regarding practice disruption, expense, and scheduling difficulty encountered by the 10-year Knowledge Assessment exam at a secure testing center.

The longitudinal learning activity of CUC is based on three educational components that are completed

over 5 years: Knowledge Exposure, Knowledge Reinforcement, and Knowledge Assessment. These learning activities were developed to prevent fatigue of a repetitive process while enhancing everyday knowledge, exposing advancements in care, and identifying individualized knowledge gaps that benefit from additional learning.

**Knowledge Exposure** pertains to new information important for the practice of Urology gained from contemporary journal articles and AUA Guidelines. **Knowledge Reinforcement** is focused on basic information that the Urologist should know. The final component, **Knowledge Assessment**, identifies relevant gaps in knowledge. **NOTE:** Diplomates achieving an average score of  $\geq 80\%$  correct during the Knowledge Exposure (years 1 and 3), and an average  $> 65\%$  correct during the Knowledge Reinforcement (years 2 and 4) are not required to take the year 5 Knowledge Assessment but may participate if desired. If the Knowledge Assessment is not taken, learning in year 5 would be self-directed.

The learning components are based on Core Urology, important to all urologists, and selection of a module that best characterizes the Diplomate's practice. The ABU acknowledges that no module will duplicate an individual's practice. Module selection helps the ABU individually target learning and Knowledge Assessment material to best represent a Diplomate's daily activity. Module selection also helps place a Diplomate's practice log into perspective. The modules and major content areas covered are indicated below.

## **Knowledge Reinforcement and Knowledge Assessment**

### **Modules and Content Areas**

#### **Core**

- Office based urology
- Complications
- Trauma
- Imaging/Radiation safety

#### **Oncology, Urinary Diversion, and Adrenal**

- Upper tract
- Lower tract
- Genital
- Diversion

#### **Calculus, Lap-Robotics, Upper tract obstruction**

- Upper tract obstruction
- Renal calculi
- Lap/Robotics

#### **Impotence, Infertility, Infection, Andrology**

- Impotency
- Androgen deficiency
- Infertility

#### **General Office-based Urology**

BPH  
 Oncology  
 Calculi  
 Erectile dysfunction

**The CUC program** is based on a longitudinal learning cycle that repeats every 5 years. In addition to the 3 learning components (Knowledge Exposure, Knowledge Reinforcement, and Knowledge Assessment), all other activities previously undertaken in Lifelong Learning are included in the CUC program. Assigning activities to a specific year is intended to provide guidance to the Diplomate and decrease the burden of completing all activities at the end of a 5-year cycle. The 5-year cycles (A and B), while similar, do not duplicate all activities. For example, the need to complete complication/mortality narratives and a practice log is required every 10 years by all Diplomates (B). Diplomates who are found to have several knowledge gaps based on performance on the Knowledge Assessment may be required to provide complication/mortality narratives, a practice log, and enhanced peer review (A) in order to determine their level of knowledge judgment and skill. The cycles (A and B) with required activity make up the **CUC Portfolio**.

CUC PORTFOLIO 5 YEAR A/B CYCLES				
CUC Learning Activity	Year	A	Year	B
Knowledge Exposure 8 Articles 5 Questions Each (Threshold ≥80%)	A1	◦ Peer Review	B1	◦ Peer Review
Knowledge Reinforcement Longitudinal Learning 40 Questions (Threshold >65%)	A2	◦ Practice Assessment Protocol (PAP) ◦ Professionalism & Ethics Module (PEM)	B2	◦ Practice Assessment Protocol (PAP) ◦ Patient Safety Module (PSM)
Knowledge Exposure 8 Articles 5 Questions Each (Threshold ≥80%)	A3	◦ CME (90 Total of which 30 must be Category 1) ◦ Patient Safety Video (PSV)	B3	◦ CME (90 Total of which 30 must be Category 1)
Knowledge Reinforcement Longitudinal Learning 40 Questions (Threshold >65%)	A4	◦ QI Attestation	B4	◦ Complication/Mortality Narratives (6 mo/10 yr) ◦ Practice Log (6 mo)
Knowledge Assessment* 90 Questions  *Waived if knowledge thresholds noted above are achieved	A5	Bye or Knowledge Assessment  ≤ 2 SEM on Knowledge Assessment ◦ CME (1-3 Activities) ◦ Peer Review ◦ Complication/Mortality Narratives ◦ Practice Log	B5	Bye or Knowledge Assessment  ≤ 2 SEM on Knowledge Assessment ◦ CME (1-3 Activities) ◦ Peer Review ◦ Complication/Mortality Narratives ◦ Practice Log

## CUC Portfolio 5 Year Cycle

**Knowledge Exposure:** Diplomates will review 8 contemporary journal articles over 8 months housed in an activity within the AUA *University*. The articles within this activity will be grouped into sections: Core Urology, Guidelines, and 4 sections corresponding to the specific content modules. Four articles must be selected from the core/guideline sections, and 4 articles from any of the other sections. Articles relative to the chosen practice module may be selected or any article deemed beneficial. Each article will be linked to 5 questions. Optional CME credit will be awarded by the AUA at a nominal fee. (threshold goal  $\geq 80\%$  correct)

**Knowledge Reinforcement:** Using your own computer and self-paced, Diplomates will have four months to answer 40 online questions. (See sample question and co-related knowledge reinforcement below). The format is “open resource” and not time limited. The questions will consist of 20 core urology and 20 from a specific content module self-selected to best align with your practice. Diplomates may not discuss any question or obtain assistance from others. The first response to each question will be recorded and Diplomates will be directed to the correct answer, a brief learning review, and reference option(s) to further reinforce knowledge. (threshold goal  $> 65\%$ )

**Please note~ 30% of all questions for the General Urology CUC Knowledge Assessment questions will come from the last 5 years SASP & pertinent AUA guidelines for the section of the exam chosen.**

A 66-year-old diabetic man with peripheral neuropathy has LUTS and urgency urinary incontinence despite treatment with tamsulosin. He has a 25 gm benign prostate. CMG shows a bladder capacity of 850 mL and terminal detrusor overactivity. On pressure-flow study, maximum flow rate is 8 mL/sec, voiding pressure is 88 cm H<sub>2</sub>O, and PVR is 380 mL. Cystourethroscopy reveals mild trilobar prostatic enlargement. The best treatment is:

A. CIC.
B. CIC and oxybutynin.
C. sacral neuromodulation.
D. finasteride.
E. TURP.

◀ Last      Un-answered      Lab Values & Abbrev      Next Un-answered ▶▶      Next ▶

**ABU - Continuing Urologic Certification** Question 3 of 150 [Home](#) [Sign-out](#)

A 66-year-old diabetic man with peripheral neuropathy has LUTS and urgency urinary incontinence despite treatment with tamsulosin. He has a 25 gm benign prostate. CMG shows a bladder capacity of 850 mL and terminal detrusor overactivity. On pressure-flow study, maximum flow rate is 8 mL/sec, voiding pressure is 88 cm H<sub>2</sub>O, and PVR is 380 mL. Cystourethroscopy reveals mild trilobar prostatic enlargement. The best treatment is:

A. CIC.  
 B. CIC and oxybutynin.  
 C. sacral neuromodulation.  
 D. finasteride.  
 E. TURP.

**C: "sacral neuromodulation." is incorrect.**

**E: "TURP" was the correct answer.**

Typical urodynamic findings in diabetics may include impaired bladder sensation, increased cystometric capacity, decreased bladder contractility, impaired uroflow, and, later, increased residual urine; however, some authors have suggested that detrusor overactivity is the predominant form of LUTS in diabetics. A primary question to answer in men with LUTS is the presence or absence of bladder outlet obstruction. In this patient, urodynamic data document bladder outlet obstruction, as well as probable diabetic cystopathy, in light of his decreased sensation. Cystourethroscopy excluded urethral stricture and, thus, prostatic obstruction is a primary contributor to his LUTS. While CIC, with or without medication, is an acceptable treatment, TURP will primarily address the obstruction. With resolution of the obstruction and initiation of timed voiding, he may also see an improvement in his storage symptoms. Neuromodulation is not indicated in a patient with bladder outlet obstruction. Finasteride is not indicated in this patient with a small prostate.

Wein AJ, Dmochowski RR: Neuromuscular dysfunction of the lower urinary tract, in Wein AJ, Kavoussi LR, Partin AW, Peters CA (eds): CAMPBELL-WALSH UROLOGY, ed 11, Philadelphia, Elsevier, 2015, vol 3, chap 75, pp 1783-1784.

[Continue](#)

**Knowledge Assessment:** Using own computer, untimed, Diplomates will answer 90 online questions (45 core knowledge and 45 related to chosen module), within a 24-hour period. The format is “open resource.” Diplomates may not discuss any question or obtain assistance from others. The Knowledge Assessment is not pass/fail. Diplomates identified to have knowledge gaps will be directed to complete 1-3 individualized CME activities based on their weakest content areas of performance.

**NOTE:** *Diplomates achieving an average score of ≥ 80% correct during the Knowledge Exposure (Years 1 and 3), and an average score 65% correct during the Knowledge Reinforcement (Years 2 and 4) will not be required to take the Year 5 Knowledge Assessment but may participate if desired. The Knowledge Reinforcement threshold is calculated yearly and based on exam difficulty. The threshold varies by a few percentage points in order to provide an equal and fair comparison of Diplomate performance year-to-year. Past experience shows that a correct score above 65% correct typically surpasses the threshold. Diplomates are notified at the end of year 4 if they can opt-out of the Knowledge Assessment. Learning is self-directed in Year 5 if the Knowledge Assessment is not taken.*

**The 5-year cycle then resets.**

With CUC, there will no longer be an expiration date on ABU certificates. Diplomates who remain active in all aspects of CUC will be continuously certified.

### **Diplomate Responsibility**

Diplomates should periodically visit the ABU portal. Important information and Board initiatives will be posted along with an individualized overview of status and pending requirements.

## **Maintaining Certification**

Certification can be withdrawn for lack of participation, or when performance falls below the standard of the minimally capable urologist in knowledge, judgment, skill, and professionalism. These requirements are held over from Lifelong Learning.

### **PARTICIPATION**

- One-year deferral considered case-by-case upon written request by the Diplomate due to a life event: Diplomate status - **CERTIFIED**. All activities must be completed within the following year.
- Noncompliance with requirements up to 2 years without notification: Diplomate status - **NOT CERTIFIED**. There is a 2-year grace period and fee to regain certification. Diplomates must notify the Board of their intention to continue with Certification. All incomplete activities must be completed within the following year. Diplomate status – **CERTIFIED**. The Knowledge Assessment will be completed regardless of past performance on the Knowledge Exposure and Knowledge Reinforcement.
- Noncompliance with requirements > 2 years without notification: Diplomate status - **NOT CERTIFIED**. Re-entry plan considered and developed on a case-by-case basis upon written request by the Diplomate.

### **PERFORMANCE**

- Falling below the standard of the minimally capable urologist in knowledge, judgment, skill and professionalism results in a summative assessment: Diplomate status- **CERTIFIED** with continued status To Be Determined: Written notification is sent to the Diplomate for a response, and may result in a face-to-face formal interview. A decision regarding continued **CERTIFICATION** with any conditions required to retain certification will be determined on a case-by-case basis.

**2024 Roll in for Diplomates to Continuing Urologic Certification**

<b>2024 Roll In</b>			
<b>Expire</b>	<b>LLL Year (CUC Cycle)</b>	<b>Learning Activity</b>	<b>Cycle Activities</b>
≤2024	Year 10 (B5) - Reinstate	KA	PAP, Peer Rev, PSM, Log, CME
2025	Year 9 (B4)	KA	PAP, Peer Rev, PSM, Log, CME
2026	Year 8 (B3)	KE	CME
2027	Year 7 (B2)	KR	PAP, PSM
2028	Year 6 (B1)	KE	Peer Review
2029	Year 5 (A5)	Bye	-
2030	Year 4 (A4)	KR	QI
2031	Year 3 (A3)	KE	CME, PSV
2032	Year 2 (A2)	KR	PAP, PEM
2033	Year 1 (A1)	KE	Peer Review
2034	Year 10 (B5)	Bye	-
2035	Year 1 (A1)	KE	Peer Review
2036	Year 2 (A2)	KR	PAP, PEM



## **REQUIREMENTS FOR CUC**

The requirements noted below are required at various cycles during the CUC process as indicated in the charts on pages 12 and 16. An online application is required each year.

In addition to the Longitudinal Learning activities of Knowledge Exposure, Knowledge Reinforcement, and Knowledge Assessment, there are other components required in various cycles throughout the CUC process. These components include submission of an online application, completion of a Practice Assessment Protocol (PAP) Part A and Part B, completion of a Professionalism and Ethics Module (PEM), (90 hours of urology focused CME credit, at least 30 must be category 1, Peer Review, Patient Safety Video (PSV), Patient Safety Module (PSM), and QI attestation.

### **Application**

Using their ABU ID # and password, the Diplomate will enter the secure section of the ABU website and complete the online application form prior to the indicated deadline. All participants in CUC must complete a brief online application each year.

### **Medical Licensure**

The Diplomate will enter their state medical license and expiration date on their online application. The Board will request information from the Federation of State Medical Boards databank and state licensing boards regarding adverse actions taken against the applicant relative to licensure.

### **Practice Assessment Protocol**

Another requirement of the CUC is completion of one Practice Assessment Protocol (PAP) of the Diplomate's choice. The PAP is a web-based self-evaluation process designed to assist the Diplomate in keeping abreast of current treatment guidelines. The PAP is a two-part activity. The PAP will not be scored. The deadline for completion of Part A is May 1. The deadline for completion of Part B is August 1. There is a minimum of 60 days between Part A and Part B and both parts must be completed in the same calendar year.

Part A of the PAP involves self-review of a small number of sequential cases in a specific area (e.g., evaluation of hematuria, treatment of superficial bladder cancer, etc.); a comparison of the Diplomate's evaluation and management of these cases to accepted practice guidelines; and the successful answering of a short series of questions regarding the clinical guidelines.

The Diplomate will log on to the secure ABU website and will select one of the available PAPs from those listed. **Only one completed PAP is required.** He/she will select five patient charts with the same recent clinical condition as the selected PAP. Using these patient charts, the Diplomate will answer questions about which of the various treatment options were used with

each patient. The Diplomate will be linked via the internet to an AUA Guideline or appropriate source for the most recent treatment guidelines. After reading this article, the Diplomate will review his/her responses to evaluate his/her performance with those patients.

The Diplomate will be asked to complete a series of relevant multiple-choice questions. If the Diplomate answers a question incorrectly, he/she will be given the opportunity to respond again. After all questions have been answered correctly, the Diplomate will electronically sign verification that he/she has completed Part A of the PAP. Upon pressing the “Submit” button, the ABU will be notified that the Diplomate has completed Part A of the PAP requirement.

Sixty days after notification that Part A was completed, the Diplomate will be sent an email reminder to complete the second part. Part B is an evaluation of five **different** recent patient charts with the same clinical condition. The Diplomate will answer the same questions pertaining to treatment options for these patients. By comparing his/her responses with the responses on Part A, the Diplomate will determine if his/her treatment of patients with that clinical condition has improved during the time since completion of Part A. The Diplomate will electronically verify that he/she has completed Part B of the PAP. Upon pressing the “Submit” button, the ABU will be notified that the Diplomate has completed Part B of the PAP requirement. The deadline for completion of Part A is May 1 and the deadline for completion of Part B is August 1.

**Diplomates must complete different PAPs at each cycle of the CUC process that the PAP is required except in very unusual situations to be determined by the CUC Chairman and/or Committee. Diplomates must write to the Board to request a variance.**

### **Peer Review**

The Board will request completion of confidential peer review questionnaires from the Chief of Urology, the Chief of Surgery, the Chief of Anesthesiology, and the Chief of Staff for each facility documenting the applicant’s status in the medical community.

Once the Diplomate has gathered all names and email address information for each chief of service at each facility where he/she actively practices urology and has at least 50 cases annually, the Diplomate will login to the secure portion of the ABU website and click on the tab labeled “Peer Review”. There he/she will enter the information for each facility, with the facility of greatest usage first. If the position does not exist at that institution, please enter “N/A” in the name field and [na@na.com](mailto:na@na.com) in the email field. If further information is needed, the Board will contact the Diplomate.

### **Continuing Medical Education**

The Board endorses the concept of lifelong learning in urology for its Diplomates. Diplomates must demonstrate their involvement in continuing urologic education by documenting 90 urology-focused credits, 30 of which must be Category 1, as defined by the American Urological Association, within a three-year period prior to the submission deadline. Continuing Medical Education documentation must be received by the deadline for that CUC cycle. Detailed instructions are included on the diplomate portal and on the website, [www.abu.org](http://www.abu.org). Please note: The Board does not have access to the AUA CME records; therefore, it is the applicant’s responsibility to submit documentation of those credits.

## Practice Log

Candidates must submit an electronic log of **all patient visits and procedures** in each hospital, ambulatory care center, and office where the physician has privileges. The log must include all cases performed by the candidate and by physician health care extenders including nurse practitioners, physician assistants, or other auxiliary health care professionals that are billed under the candidate's names. Surgical cases performed outside of the U.S. are acceptable. Note: If you do not practice in the United States, contact the Board office for instructions.

Each worksheet included in the log submission must reflect the same six consecutive months from the eighteen months between August 1, 2022, and January 31, 2024. Practice logs are due in the Board office by June 1. Logs received between June 1 and June 15 will be assessed a \$750 late fee. **No practice logs will be accepted after June 15.** It is recommended that you retain a copy of your practice log in the event formatting changes are needed or the Board has specific questions.

The practice log must be submitted in electronic format as Excel workbook, text file, or .csv file. It must be submitted by using the document uploader. *Please do not submit duplicates of your log in a different format, and **DO NOT SEND A PRINTED COPY.***

Instructions for completing the electronic log are available on the Board's website: [www.abu.org](http://www.abu.org).

## Complication and Mortality Narratives

The Board is interested in how you approach and manage surgical complications and mortalities. The Board requires that candidates provide narratives of all complications considered Grade III or higher on the Clavien scale for all complications encountered during the six-month period of their practice log and provide narratives of all pre- and post-operative mortalities that were experienced within 30 days of procedure within the last 10 years. The narratives that you provide are reviewed by the Trustees along with the practice log at the annual log review. The forms for complication and mortality narratives are available online on the Diplomate portal when an application is made for certification or Continuing Urologic Certification process.

## Knowledge Reinforcement Longitudinal Learning Activity

Using their own computer and self-paced, Diplomates will have a four-month window to answer 40 online questions, The Knowledge Reinforcement program will launch on April 1, 2024. All questions must be completed by August 15, 2024. The format is "open resource" and not time limited. The questions will consist of 20 core urology and 20 from a specific content module self-selected to best align with practice. Diplomates may not discuss any question or obtain assistance from others. Responses to each question will be recorded and Diplomates will be directed to the correct answer, a brief learning review, and reference option(s) to further reinforce knowledge. (threshold goal > 60% correct)

## Knowledge Exposure Longitudinal Assessment Activity

Diplomates will review 8 contemporary journal articles housed in an activity within the AUA *University* over an 8-month period. The articles within this activity will be grouped into sections: Core Urology, Guidelines, and 4 sections corresponding to the specific content modules. Four articles must be selected from the core/guideline sections, and 4 articles from any of the other sections. Articles relative to the chosen practice module may be selected or any article deemed beneficial. Each article will be linked to 5 questions. CME credit will be awarded by the AUA and incur a fee. (threshold goal  $\geq 80\%$  correct). Diplomates will have access to all available articles but will only be required to choose eight to complete the activity.

The Knowledge Exposure activity will launch on March 1, 2024. The last date to have all of the Knowledge Exposure activity completed is October 31, 2024. Each article will have five assessment questions and the passing rate is 80%.

### **Patient Safety Video (PSV)**

Diplomates will be required to complete a 5-part Patient Safety Video Component (PSV). The AUA Office of Education has produced these instructive Safety Videos.

### **Professionalism and Ethics Module (PEM)**

Professional Ethics Modules include reading sessions with pre & post test questions, self-reflection questions and a short review consisting of non-graded questions. (Choose 1)

### **Quality Improvement Attestation**

The ABU aims to reward and reinforce the importance of healthcare providers' role in promoting community health by ensuring Diplomate's receive credit for completed work. Quality Improvement (QI) is a data-guided systematic approach to enhance healthcare delivery, safety, and quality. QI focuses on improving patient outcomes, optimizing medical care delivery, and reducing healthcare costs.

### **Other Concerns**

In the event of concerns raised by any of the elements in the Continuing Urologic Certification process, the Diplomate may be:

- a. required to repeat one or more elements.
- b. invited to appear before the Board for a personal interview and/or oral examination to clarify the concerns uncovered.
- c. required to complete and document a designated number of Category 1 CME credit hours in specified areas of urology in order to complete the Continuing Urologic Certification Program; and/or asked to receive an on-site visit to his/her practice setting by a representative of the Board.

Site visits deemed necessary by the Board will be conducted at the applicant's expense. The Board has the option of reviewing office medical records at the time of an interview or site

visit.

**At any point in the process, the Board may delay or even deny the completion of the Continuing Urologic Certification (CUC) process upon consideration of information which appears to the Board to justify such action.** The Diplomate is subject to disciplinary actions as explained in the sections on *Code of Ethics* and *Disciplinary Action* that appear later in this handbook.

The Board may elect to defer continuation of the CUC process pending investigation and resolution of any inadequacies or deviations. It may deny CUC when serious practice deviations or unethical conduct are detected. These include, but are not limited to, cheating on or improper or disruptive conduct during any examination conducted by the Board, the solicitation or distribution of examination materials, and misrepresentation of an applicant's status in the CUC process.

Appeal of any adverse decision by the Board may be made by complying with the appeals procedure described below in the section, *Appeals Procedure*.

**Unforeseeable events:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

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## **CLINICALLY INACTIVE STATUS**

- a. Diplomates who are not in the active practice of clinical urology may apply for Clinically-Inactive status. Clinically Inactive status is time-limited and subject to Continuing Urologic Certification (CUC). In order to obtain this status, Diplomates must certify non-activity in clinical urology, or very minimal clinical exposure, and must submit acceptable justification and documentation for such status. The Continuing Urologic Certification process for the Clinically- Inactive Diplomate requires completion of all Continuing Urologic Certification components except the practice log and the patient portion of the PAP. Clinically Inactive Diplomates must complete the Guideline portion of a PAP. Fees and deadlines remain the same as for clinically active Diplomates. All components of LLL must be completed on the specified timeline and all fees must be current for the Diplomate's certificate to remain active.
- b. The Clinically Inactive Diplomate who wishes to revert to active status should contact the Board in writing to apply. The Board will notify the Diplomate of the re-entry requirements.

## **EXPIRED CERTIFICATES**

Diplomates who fail to complete the recertification process by the end of year 9 will lose their certificate upon its February expiration. The physician then has two grace years during which time he/she can reapply another two times (year 10 and 11). A reinstatement fee of \$1,500 is required at year 10 and a fee of \$2,000 is required at year 11. If the candidate passes the recertification examination in the 10<sup>th</sup> or 11<sup>th</sup> year, the certificate is returned. If the candidate fails in year 11 and they wish to regain certification, the Board may consider individual requests to re-enter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. These evaluations will be performed at the expense of the candidate. Specific CME activity, evaluations and other requirements may also be assigned at the expense of the candidate. If re-entry criteria are met and supported by the assessing program, the applicant will be allowed to apply to take the exam (Qualifying Exam or the Continuing Urologic Certification Remediation Exam, as determined on a case-by- case basis). In addition, the applicant must complete all other outstanding Continuing Urologic Certification activities and may be required to submit a practice log. Approved re-entry applicants will generally be expected to take the exam at the next available time it is administered. Failure to do so requires a written excused absence from the ABU, and only one such excused absence will be allowed.

### **HIBERNATION POLICY**

When a Diplomate interrupts their clinical practice to pursue a fellowship or other full-time educational program, the Continuing Urologic Certification cycle is suspended. Upon completion of fellowship or educational program, the Diplomate must resume Continuing Urologic Certification, thus compressing their Continuing Urologic Certification cycle or resetting it by the same number of years.

### **LICENSURE REQUIREMENTS**

Applicants seeking certification by the Board of Urology must have a valid United States or Canadian medical license, from the state or province in which they practice, that is not subject to any restrictions, conditions, or limitations. The applicant must inform the Board of any conditions or restrictions in force on any active medical license he or she holds. When there is a restriction or condition in force on any of the applicant's medical licenses, the Credentials Committee of the Board will determine whether the applicant satisfies the licensure requirement.

### **PRACTICING OUTSIDE THE UNITED STATES**

Following certification, diplomates who practice outside of the United States and its territories, or Canada, will be considered "clinically inactive". They must comply with LLL or CUC and remain in contact with the ABU office on an annual basis. If these requirements are met, they can re-enter the recertification process at an appropriate level when they reacquire their state license and return to active clinical practice in the United States. If the Diplomate practices outside the United States or its territories for more than ten years and his/her certificate lapses, the Diplomate will be required to follow the current expired certificate reentry policy.

## **DIRECT OUERIES FROM THE BOARD**

- a. The Board will request information from the Federation of State Medical Boards databank regarding adverse actions taken against the applicant relative to licensure. **Note: the applicant must also notify the Board in writing of any action taken by any state medical board against a medical license, even if the action does not result in revocation.**
- b. The Board will request completion of confidential peer review questionnaires from the Chiefs of Urology, Surgery, Anesthesiology, and Staff for each facility in which the applicant practices, documenting the applicant's status in the medical community. The applicant must provide complete names and email addresses electronically on the Board's website at [www.abu.org](http://www.abu.org).
- c. On the basis of practice log review and other file information, the Board may, at its discretion, request copies of specific hospital and/or office records. Such records must be identified by patient record number only, for purposes of patient confidentiality: names or Social Security numbers are not acceptable. It is the applicant's responsibility to remove all personal information from the submitted information. The applicant shall be responsible for providing requested patient records and is expected to furnish them within the time frame specified by the Board.

## **FEES**

(Note: All fees are subject to change without notice.)

All Diplomates of the American Board of Urology will be assessed an annual fee of \$310 to help offset the costs of Board operations. There is no application fee for CUC; however, the annual fee payments must be current for a Diplomate to enter and to remain current in CUC. This fee will be in lieu of periodic CUC or recertification application fees.

The annual certificate fee is invoiced in January of each year and payment is due by April 1<sup>st</sup>. It is the responsibility of the Diplomate to ensure that the Board has an accurate mailing address, as there will be no waiver of late fees due to outdated information. The ACF fee is \$310 if paid by April 1<sup>st</sup>. Non-payment of the fee by the April 1 deadline will result in an increase of the fee to \$510. If the fee is not paid in full by July 1, the fee will increase again to \$710. Nonpayment by November 1 will result in revocation of certification. The annual fee will permit Diplomates with time-unlimited certificates who wish to enter the CUC program to do so without any additional fees.

**Late fees:** A \$750 late fee will be assessed for any application or log not received in the Board office by the prescribed deadlines. A \$275 late fee will be assessed for documentation and components not completed by the prescribed deadline; the \$275 late fee increases to \$475 and again to \$675 for non-payment. See page 37 of the handbook for deadlines and late fees. Courier service for guaranteed receipt is recommended.

**Other fees:** A \$100 fee will be assessed for all returned checks.

**Refunds:** Fees are refundable, less an administrative fee, in most cases of cancellation or deferral. Fees shall be refunded to candidates deferred by the Board, less a \$100 administrative fee; or, if deferred for an inadequate practice log, a \$100 administrative fee.

**Log Resubmission Fee:** A \$500 fee will be assessed to the candidate for any resubmission of practice log data due to their error or omission.

## **RETIRED STATUS CERTIFICATE**

The American Board of Urology (ABU) notes that many senior Diplomates, being 30 years post training and nearing retirement, are choosing certificate expiration, in lieu of undertaking the logistics of the practice log requirement and the burden of the knowledge assessment. Therefore, to encourage certificate retention, the ABU will offer the American Board of Medical Specialties (ABMS) newly instituted Retired Status to support currency in urology among senior Diplomates and affirm their continued value to the ABU and the public.

Eligibility requirements for the Retired certificate designation include:

1. Possession of an active certificate at the time of retirement.
2. Unrestricted license in any jurisdiction at the time of retirement.
3. Attestation to complete disengagement in patient care, overseeing medical laboratories, or supervising in a medical field.
4. Non-performance of any function for which Board certification is required.

Individuals who expired or forfeited their certificates since January 2015 and who met and continued to meet the above requirements, may also apply for the Retired status designation.

Those Diplomates of the American Board of Urology who also possess Subspecialty Certification are eligible to apply for the new certificate status, providing they retire in both the subspecialty and the general specialty.

There is no application or maintenance fee to achieve and retain Retired status.

A Diplomate with the Retired status will be listed publicly as Retired with the ABU and on the ABMS Certification Matters™ website.

If you are a retired urologist who would like to take advantage of this new status, please complete the [Diplomate Request for Retired Status](#) which is available on our website [www.abu.org](http://www.abu.org), into which you will upload a brief, signed attestation. You may use the optional [template with electronic signature](#) or upload a scanned signed letter of your choosing.

**NOTE:** If a Diplomates' certificate has been converted to retired and they wish to regain certification, the board may consider individual requests to reenter the process. The applicant will be required to undergo a professional competency and/or educational assessment in a



program approved by the ABU. These evaluations will be performed at the expense of the candidate. Specific CME activity, evaluations and other requirements may also be assigned at the expense of the candidate. If re-entry criteria are met and supported by the assessment program, the applicant will be allowed to apply to take the exam (Qualifying Exam or the CUC Knowledge Assessment, as determined on a case-by-case basis). In addition, the applicant must complete all other outstanding Continuing Urologic Certification activities and may be required to submit a practice log. Approved re-entry applicants will generally be expected to take the exam at the next available time it is administered. Failure to do so requires a written excused absence from the ABU, and only one such excused absence will be allowed.

## **POLICIES**

### **PROFESSIONALISM AND ETHICS**

The American Board of Urology is committed to the principle that patient welfare is preeminent. This principle presupposes a responsibility to the patient that transcends personal gain and thereby engenders both individual patient and public trust. It is the cornerstone of the ethical and moral framework by which the physician is bound.

The physician-patient relationship, however, is part of a more complex social network that also includes relationships within the profession and society as a whole. A variety of societal forces increasingly conflict with the responsibility of physicians to their patients and the public. Rapidly advancing technologies, relationships with commercial entities, increased demands for documentation, rising health care costs, declining reimbursement, and increasing patient autonomy place conflicting demands on the physician and potentially lead to compromise of patient welfare.

Urologists, in particular, are faced with technological advances that demand increased training but also offer increased opportunity for entrepreneurialism. From this perspective medicine is viewed as a specialized personal service at variance with public responsibility and one that belies the trust instilled in the physician. As a consequence, there has been a call for a renewed commitment to professionalism.

A number of organizations have attempted the development of a code of ethics and professionalism that set forth principles and responsibilities the physician can consult for guidance when confronting an ethical dilemma. In these documents, a number of qualities or virtues are repeatedly espoused, including justice, honesty, competence, impartiality, preservation of patient confidentiality, patient autonomy, and unbiased medical care. To address this need, representatives from the American Board of Internal Medicine Foundation, the European Federation of Internal Medicine and the American College of Physicians-American Society of Internal Medicine collaborated on the Medical Professionalism Project which was charged with developing a charter that provides a basic set of tenets for ethical and professional behavior. The group intended to create a document that is applicable across medical and surgical specialties, healthcare systems, and cultures. To that end, they set forth three Fundamental Principles and a set of ten core commitments that serve to guide the professional and ethical conduct of physicians.

Although this Charter has met with widespread enthusiasm, it has not been uniformly endorsed by all physician groups; indeed, it has been criticized for emphasizing a duty-based ethic (that is, duty to those around us), rather than a virtue-based ethic (which focuses on individual traits of human character). Likewise, some have objected to the emphasis on achieving “competence” rather than encouraging excellence, and to the contractual tone of the document that implies an inherent basis of mistrust. While these criticisms may be valid, the document serves as a starting point for a conversation about professional responsibility and provides a framework for moral, ethical and professional conduct. The American Board of Urology endorses the Physician Charter and encourages and expects the urologic community will uphold the commitments which support the fundamental principles set forth by the document.

## **American Board of Urology Code of Professionalism**

### Background

The American Board of Urology (ABU) mission is to act for the benefit of the public to ensure high quality, safe, effective, and ethical practice of Urology by establishing and maintaining standards of certification for urologists. Accordingly, the ABU has adopted the following Code of Professionalism.

### Policy

- I. ABU certification requirements for professionalism includes an ethical requirement to:
  - a. Treat patients in a safe and fair manner without bias based on race, gender, age, sexual orientation, disability, national origin, or religion.
  - b. Demonstrate compassion, integrity, and respect for patients, families, and other members of the health care team in all types of interactions.
  - c. Respect patient privacy and autonomy.
  - d. Be accountable to patients, peers, and the public.
- II. Certified diplomates are assumed to meet professional standards of conduct unless credible, verifiable evidence exists of relevant misconduct. “Relevant misconduct” is any conduct related or unrelated to practice that represents, in the sole judgment of the ABU, the following:
  - a. A risk to the safety of patients, other members of the health care team, or the public;
  - b. A threat to the trustworthiness of the profession or of the certification; or
  - c. An inability to practice at the level of a certified specialist, as defined by the ABU.
  - d. The ABU Code of Professionalism requires ABU-certified physicians to adhere to this construct.
- III. ABU diplomates are required to report (within sixty days of action or event):
  - a. Any potential breach of this Code as well as any alteration in the status of a state or federal medical or drug license or encumbrance on a license.

- b. Surrendering any state medical license to avoid action by a state medical licensing board.
- c. A felony conviction or federal indictment.
- d. Any restriction on a DEA license.
- e. Any exclusion from participating in Medicaid or Medicare.
- f. Any sanction or disciplinary action by a medical board.
- g. Any involuntary revocation of staff privileges.

ABU-certified physicians who do not report any such actions will be subject to review under the ABU's disciplinary action process.

IV. ABU-certified physicians may not:

- a. Have any state medical license with an encumbrance. Every license held by the physician must be unencumbered irrespective of the state in which the physician practices. Provide false, misleading, or untruthful information on an application for certification or any other ABU-requested document, including surgical logs, or to the public.
  - b. Inaccurately represent one's certification status.
  - c. Use ABU certification to advertise board certification credentials for clinical practice areas that are outside the scope of practice for a urologist.
  - d. Share the content of any ABU written or Oral Examination. Verbal or written reproduction of test material, including the in-service examination, is strictly prohibited. The material is copywritten and sharing the information may be a federal offense.
  - e. Cheat on any ABU examination.
  - f. Obstruct any ABU investigation.
- V. The ABU may consider credible evidence of any crime or tortious conduct involving moral turpitude or unethical behavior for which a diplomate is convicted, enters a guilty plea or nolo contendere or is found liable by a judge or jury (e.g. violence committed against another person, medical malpractice or sexual assault).
- VI. Documentary evidence of public misrepresentation of clinical evidence or flaunting of scientific evidence that may represent a harm to patients or the public
- VII. Diplomates must report any actions or events that may constitute a breach of professional norms within sixty (60) days of the action or event. Diplomates must provide any pertinent information and documentation related to "relevant misconduct."
- VIII. ABU-certified physicians who engage in "relevant misconduct" will be subject to review under ABU's disciplinary action process.
- IX. Conduct prohibited by this Code shall be reviewed by the ABU Board of Trustees and may result in decertification.
- X. Exception: ABU maintains an appeal process for physicians who are found in breach of the professional and ethical standards outlined above, which can be found below.

### Adverse Decisions

If the final action of the Board is a decision to deny certification to an applicant, to deny recertification to a Diplomate with a time-limited certificate, or to revoke the certificate of a Diplomate, the Board shall send written notice thereof to the applicant or Diplomate. The Notice shall state the reasons for the Board's decision.

### Request for Hearing

An applicant or a Diplomate who receives such a Notice may, within thirty (30) days after mailing by the Board, give written notice to the Board that he wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant or Diplomate wishes to attend the hearing.

## **CODE OF ETHICS**

Ethics are moral values. They are aspirational and inspirational, as well as model standards of exemplary professional conduct for all applicants for certification and all Diplomates certified by the American Board of Urology. The term urologist as used here shall include all such candidates and Diplomates.

The issue of ethics in urology is resolved by a determination that the best interests of the patient are served. It is the duty of a urologist to place the patient's welfare and rights above all other considerations. Urological services must be provided with compassion, respect for human dignity, honesty, and integrity.

A urologist must maintain qualification by continued study, performing only those procedures in which he or she is qualified by virtue of specific training or experience, or with the assistance of one who is so qualified. This experience must be supplemented with the opinions and talents of other professionals and with consultations when indicated.

Open communication with the patient or, if the patient is unable to understand a communication, the patient's relatives or other authorized representative is essential. Patient confidence must be safeguarded within the constraints of the law. The performance of medical or surgical procedures shall be preceded by the appropriate informed consent of the patient or the patient's authorized representative. Timely communication of the patient's condition to referring and consulting physicians should also be practiced.

Urologic surgery shall be recommended only after careful consideration of the patient's physical, social, emotional, and occupational needs. The preoperative assessment must document indications for surgery. Performance of unnecessary surgery is an extremely serious ethical violation.

Fees for urologic services must not exploit patients or others who pay for those services. In addition, a urologist must not misrepresent any service which has been performed or is to be performed or the charges which have been made or will be made for that service. Payment by or

to a physician solely for the referral of a patient (fee splitting) is unethical.

Delegation of services is the use of auxiliary health care personnel to provide patient care for which the urologist is responsible. A urologist must not delegate to an auxiliary those aspects of patient care within the unique practice of the urologist (which do not include those permitted by law to be performed by auxiliaries). When other aspects of patient care for which the urologist is responsible are delegated to an auxiliary, the auxiliary must be qualified and adequately supervised. A urologist may make different arrangements for the delegation of patient care in special circumstances, such as emergencies, if the patient's welfare benefits and other attributes of those alternatives when necessary to avoid deception.

Providing a patient's postoperative medical or surgical care until that patient has recovered is integral to patient management. The operating urologist should provide those aspects of postoperative patient care within the unique experience of the urologist (which do not include those permitted by law to be performed by auxiliaries). Otherwise, the urologist must make arrangements before surgery for referral of the patient to another urologist, with the approval of the patient and the other urologist. The urologist may make different arrangements for provision of those aspects of postoperative patient care within the unique experience of the urologist in special circumstances, such as emergencies or when no other urologist is available, if the patient's welfare and rights are placed above all other considerations. Fees should reflect postoperative medical or surgical care arrangements with advance disclosure to the patients.

Scientific investigations and communications to the public must be accurate. They must not convey false, deceptive, or misleading information through statements, testimonials, photographs, graphs, or other means. They must not omit material information without which the communication would be deceptive.

Communications must not appeal to an individual's anxiety in an excessive or unfair way; they must not create unjustified expectations of results. If communications refer to benefits or other attributes of urologic procedures which involve significant risks, a realistic assessment of safety and efficacy must also be included, as well as the availability of alternatives, with descriptions and/or assessments of the benefits and other attributes of those alternatives when necessary to avoid deception.

Communications must not misrepresent a urologist's credentials, training, experience, or ability, or contain material claims of superiority which cannot be substantiated. If a communication results from payment to an urologist, such must be disclosed, unless the nature, format or medium makes that apparent. Offering or accepting payment for referring patients to research studies for finder's fees is unethical.

Those urologists who are deficient in character or who engage in fraud, deception, or substance abuse should be identified to appropriate local, regional, state, and/or national authorities. A physically, mentally, or emotionally impaired urologist should withdraw from those aspects of practice affected by the impairment.

Diplomates of the Board must accurately state their certification status at all times. This includes descriptions in curriculum vitae, advertisements, publications, directories, and letterheads. Diplomates with expired time-limited certificates may not claim board certification and must

revise all descriptions of their qualifications accordingly. When a physician misrepresents certification status, the Board may notify local credentialing bodies, licensing bodies, law enforcement agencies and others.

## **DISCIPLINARY ACTION**

The Board of Trustees of the American Board of Urology shall have the sole power to censure, suspend, or revoke the certificate of any Diplomate. Certificates issued by the Board are the property of the Board and are issued pursuant to the rules and regulations of the Board. Each certificate is issued to an individual physician who, by signature, agrees to censure or suspension or revocation of the certificate as described herein.

The Board of Trustees shall have the sole power, jurisdiction, and right to determine and decide whether the evidence and information before it is sufficient to constitute one of the disciplinary actions by the Board. The levels of disciplinary action and manner of notification, appeal, and reinstatement, shall be defined as follows:

### **Notification**

If the action of the Board is to censure, suspend or revoke the certificate of a Diplomate, the Board shall send written notice thereof to the Diplomate. The notice shall state the reasons for the Board's decision.

### **Censure & Suspension**

A Diplomate may be censured or have his or her certificate suspended if he or she has been found by the Board to have engaged in professional misconduct or moral turpitude or for violations of the *Code of Ethics* of the American Board of Urology not warranting certificate revocation. The Board of Trustees of the American Board of Urology shall have the sole power to determine the level of disciplinary action and the designated level of suspension. Alterations in licensure such as probation or suspension will necessitate a change in certification status until the license status is returned to unrestricted.

*Censure:* A censure shall be a written reprimand to the Diplomate. Such censure shall be made part of the file of the Diplomate.

*Suspension:* A suspension shall require the Diplomate to return his or her certificate to the Board for a designated time as determined by the Board. The Board shall have the sole power to determine the designated time of suspension. Recertification will be necessary if a time-limited certificate expires during the period of suspension.

### **Revocation of Certificate**

Certificates issued by this Board are the property of the Board and are issued pursuant to the rules and regulations of the Board.

Each certificate is issued to an individual physician who, by signature, agrees to

revocation of the certificate in the event that:

- a. the issuance of the certificate or its receipt by the physician so certified shall have been contrary to, or in violation of any provision of the Certificate of Incorporation, Bylaws, or rules and regulations of the Board in force at the time of issuance; or
- b. the physician or party certified shall not have been eligible to receive such certificate, regardless of whether or not the facts constituting ineligibility were known to, or could have been ascertained by, the Trustees of the Board at the time of issuance of such certificate; or
- c. the physician or party so certified shall have made a material misstatement of fact in application for such certification or recertification or in any other statement or representation to the Board or its representatives; or
- d. the physician so certified shall at any time have neglected to maintain the degree of knowledge in the practice of the specialty of urology as set up by the Board, and shall refuse to submit to re- examination by the Board; or
- e. the physician so certified is convicted of a felony, scientific fraud, or a crime involving illicit drugs; or
- f. any license to practice medicine of the physician so certified is surrendered, suspended, revoked, withdrawn, or voluntarily returned in any state regardless of continuing licensure in any other state, or he or she is expelled from any of the nominating societies, a county medical society, or a state medical association for reasons other than non-payment of dues or lack of meeting attendance; or
- g. the physician so certified has been found guilty by the Board of serious professional misconduct or moral turpitude or for serious violation of the *Code of Ethics* of the American Board of Urology that adversely reflects on professional competence or integrity.
- h. Revocation may occur if a Diplomate, after repeated notification, has failed to pay the required \$275 annual fee and applicable late fees and does not comply by December 1 in a given year.
- i. If a Diplomate does not comply with the Continuing Urologic Certification deadlines in the calendar year in which they are required, his/her certificate may be revoked.

### **Reinstatement of Certificate**

Should the circumstances that justified revocation of the Diplomate's certificate be corrected, the Board may reinstate the certificate after appropriate review of the individual's qualifications and performance. The Board of Trustees shall have the sole power to determine the time of initiation

of the reinstatement process. The applicant whose certificate has been revoked will be required to complete a modified Continuing Urologic Certification 5B process and any delinquency in the Continuing Urologic Certification process at the discretion of the Board and will be subject to the continual Continuing Urologic Certification process.

A Diplomate whose certificate has been revoked will be required to undergo a professional competency and/or educational assessment in a program approved by the ABU. These evaluations will be performed at the expense of the candidate. Specific CME activity, evaluations and other requirements may also be assigned at the expense of the candidate. If re- entry criteria are met and supported by the assessing program, the applicant will be allowed to apply to take the exam (Qualifying Exam or the Continuing Urologic Certification Knowledge Assessment, as determined on a case-by-case basis). In addition, the applicant must complete all other outstanding Continuing Urologic Certification activities and may be required to submit a practice log. Approved re-entry applicants will generally be expected to take the exam at the next available time it is administered. Failure to do so requires a written excused absence from the ABU, and only one such excused absence will be allowed.

Prior to reinstatement of certification, the applicant may be required to meet with the Board. The Diplomate will be required to attest that he or she has read and understands the above provisions regarding disciplinary action and the procedures to be followed and agree to hold the Board, its officers, and agents harmless from any damage, claim, or complaint by reason of any action taken which is consistent with such procedures.

### **Appeals Procedure**

1. The Continuing Urologic Certification Program is a **Matter of the Board's Professionalism Judgment and Discretion:** Final action regarding each applicant's recertification is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board. Regardless of the sequence by which the various steps of Continuing Urologic Certification may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny the Continuing Urologic Certification program upon consideration of information that appears to the Board to justify such action. The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.
2. **Adverse Decision Inquiry - Individual Requirement:** During the course of the Continuing Urologic Certification Program, a candidate or diplomate may receive an adverse decision regarding an individual requirement of the process. A candidate who believes he or she may have received such an adverse decision may inquire in writing to the Executive Director within 30 days after written notification by the Board of the adverse decision about which the candidate inquires. Adverse decision inquiries will be handled as follows:
  - a. For inquiries concerning a candidate's failure of the CUC Program Knowledge Assessment, the Board will review the candidate's Continuing Urologic Certification Program Knowledge Assessment Examination responses.



- b. For inquiries concerning peer review, practice logs, and/or malpractice and professional responsibility experience, the Board, will review the individual requirement in question.

For the purposes of conducting its review, in either situation (a) or (b) above, the Board may authorize the Chairman of the Continuing Urologic Certification Committee, or the full Continuing Urologic Certification Committee to act in its stead. In such cases the Chairman or the Committee shall act with full authority of the Board in reviewing the individual requirement in question.

After its review of the individual requirement in question, the Board shall make a determination as to the candidate's fulfillment of the requirement. The Board may (1) confirm the adverse decision; (2) determine that the candidate satisfied the individual requirement in question and reverse the adverse decision; (3) vacate the adverse decision and direct the candidate to take action to fulfill the individual requirement in question; or (4) make another determination.

3. **Adverse Decisions – Continuing Urologic Certification Program or Revocation:** After reviewing a candidate's application for the Continuing Urologic Certification Program and the supporting materials thereof, the Board shall make a determination as to the candidate's fulfillment of the requirements for Continuing Urologic Certification. The Board may (1) determine that the candidate has satisfied the requirements, and grant Continuing Urologic Certification Program Certification; (2) determine that the candidate has not satisfied the requirements, and deny Continuing Urologic Certification Program Certification; (3) revoke the certificate of the Diplomate; or (4) make another determination. Should the Board decide to deny Certification to a Diplomate or to revoke the certificate of a Diplomate, the Board shall send written notice thereof to the applicant or Diplomate. The notice shall state the reasons for the Board's decision.
4. **Request for Hearing, Hearing Fee and Deposit:** A Diplomate who receives a notice that either (1) his or her Certification was denied; or (2) his or her certificate was revoked, may request a hearing to appeal the denial or revocation. In order to request a hearing, the former Diplomate must, within thirty (30) days after notification by the Board, send written notice to the Board that he or she wishes to request a hearing to appeal the Board's decision. The written notice shall set forth the specific reasons given by the Board which are alleged to be erroneous and shall indicate whether the applicant or Diplomate wishes to attend the hearing. In order to be considered by the Board, a Request for Hearing must be accompanied by two certified checks, made payable to the Board, as follows:
  - (a) A certified check in the amount of \$2,000.00 in satisfaction of the required, non-refundable filing fee; and
  - (b) A certified check in the amount of \$10,000.00 as a deposit for costs of the hearing, pursuant to paragraph 6 below.

Any purported Request for Hearing that is not accompanied by two certified checks as provided above shall be considered untimely.

A Diplomate properly making a Request for Hearing in the manner provided above shall be referred to as an “appellant.”

For those holding a time-limited certificate, their certificate shall stay in effect until the appeals process is completed.

5. **Notice of Hearing:** If the Board receives an appellant’s Request for Hearing in a timely manner, the Board shall set the date, time, and place of the hearing, and shall give the appellant at least thirty (30) days prior written notice thereof.
6. **Fees, Costs, and Expenses of Revocation Hearing:**
  - (a) As noted above, the appellant shall pay to the Board a \$2,000.00 fee and a \$10,000.00 deposit for the costs of the hearing. Board guidelines for travel, meals, and lodging shall apply to all such expenses.
  - (b) The appellant’s costs and expenses shall be the sole responsibility and obligation of the appellant.
  - (c) The Board’s costs and expenses shall be the sole responsibility and obligation of the Board.
  - (d) The \$10,000 deposit shall be refunded if the appellant notifies the Board in writing at least 30 days before the date of the hearing that he has decided not to pursue the appeal. The \$2,000 hearing fee is not refundable under any circumstances.
7. **Hearing:** The hearing shall be held before the Board of Trustees or before a hearing panel consisting of one or more persons appointed by the Board, as it may determine in its sole discretion. The President of the Board, or, if a hearing panel is appointed, a person appointed by the Board of Trustees, shall preside at the hearing. At the hearing, the burden shall be on the appellant to prove by a preponderance of evidence that the Board’s decision was erroneous.
8. **Failure to Appear:** Failure to appear at the hearing may result in the forfeiture of the right to a hearing, as the Board of Trustees (or the hearing panel) may determine, in its sole discretion. Despite such failure to attend, the Board of Trustees (or the hearing panel) may nevertheless hold the hearing, consider the information submitted, and decide the appeal. In all cases where a hearing panel is appointed, the hearing panel shall act with full authority of the Board, and its decisions shall be the Board’s decisions.
9. **Hearing Procedure:** The appellant may appear at the hearing to present his or her position in person, at the time and place specified by the Board, subject to any conditions established by the Board. A transcript of the proceedings shall be kept. The Board shall not be bound by technical rules of evidence employed in legal proceedings but may consider any information it deems appropriate. The appeals process is a peer review process and neither party may be represented by, or be accompanied by legal counsel, except that the Board may have legal counsel present to advise the Board with respect to procedural issues.
10. **Notice of Decision:** Within a reasonable time after completion of the hearing, the Board shall furnish written notice to the appellant of the decision, including a statement of the basis therefore.

11. **Finality:** The decision of the Board (or the hearing panel) shall be a final decision of the Board and shall be binding on the Board and on the appellant.
12. **Notices:** All notices or other correspondence described herein or otherwise pertaining to an appeal should be sent to the following address:

The American Board of Urology  
600 Peter Jefferson Parkway, Suite 150  
Charlottesville, VA 22911  
ATTN: Executive Director

### **APPLICABLE LAW**

All questions concerning the construction, validity, and interpretation of the certification, recertification, and maintenance of certification procedures followed by the American Board of Urology and the performance of the obligations imposed thereby shall be governed by the internal law, not the law of conflicts, of the State of Virginia. If any action or proceeding involving such questions arises under the Constitution, laws, or treaties of the United States of America, or if there is a diversity of citizenship.

### **FINAL ACTION OF THE BOARD**

Final action regarding each applicant is the sole prerogative of the Board and is based upon the applicant's training, professional record, performance in clinical practice, and the results of the examinations given by the Board.

**Regardless of the sequence by which the various steps of Continuing Urologic Certification may have been accomplished, the process itself is not considered complete until the Board's final action. At any point in the process, the Board may delay or even deny Continuing Urologic Certification upon consideration of information that appears to the Board to justify such action.**

The activities described in this handbook proceed from the Certificate of Incorporation and Bylaws, which state the nature of the business, objects, and purposes proposed to be transacted and carried out by this corporation.

### **"BOARD ELIGIBLE" STATUS**

The American Board of Urology recognizes the term *Board Eligible* in reference to its applicants and candidates. A candidate is not certified until all components of the certification process have been successfully completed. However, in the case of initial general specialty certification, the period from July 1 or the date of completion of residency training for 6 years or until successful completion of the certification process, whichever comes first, is considered the "board eligible" timeframe. If certification is not completed in that timeframe, or if the Board eligible

timeframe ends, the candidate will cease to use that term further. There is no board eligible timeframe for subspecialty certification.

### **INQUIRY AS TO STATUS**

The Board considers a diplomate's record not to be in the public domain. When a written inquiry is received by the Board regarding a diplomate's status, a general but factual statement is provided that indicates the person's status within the examination process. The Board provides this information only to individuals, organizations, and institutions supplying a signed release of information from the candidate, and a charge of \$50 per request will apply.

**UNFORSEEABLE EVENTS:** Certain unforeseeable events such as a natural disaster, war, power outages, government regulations, strikes, civil disorders, curtailment of transportation, and the like may make it inadvisable, illegal, or impossible for the Board to administer an examination to a candidate at the scheduled date, time, and location. In any such circumstance, the Board is not responsible for any expense the candidate may have incurred to be present for the examination or may incur for any future or substitute examination.

### **IRREGULAR EXAMINATION BEHAVIOR**

The American Board of Urology is committed to maintaining the integrity of its examinations. These tests are a critical basis of the decision-making process for Urology Board certification.

Irregular behavior threatens the integrity of the ABU certification process. Irregular behavior is defined as any action by applicants, examinees, potential applicants, or others that subverts or attempts to subvert the examination process. Examples of irregular behavior include, but are not limited to:

- Falsifying information
- Giving, receiving or obtaining unauthorized assistance during the exam.
- Altering or misrepresenting scores.
- Behaving in a disruptive or unprofessional manner at a testing site.
- Theft of examination materials.

## **Continuing Urologic Certification** **Frequently Asked Questions**

Specialists for continued certification utilizing a longitudinal formative process. It provides continual assessment of the knowledge, judgement and skills needed to deliver proper urologic care. Diplomates would remain certified while participating in CUC. The ABU developed this process taking into consideration comments received from diplomates regarding the elimination of a secure testing center and utilizing contemporary learning activities.

**How much will it cost to participate?**

There is no charge to participate in the Pilot. Your annual certification fee remains at \$300 for participation in the Pilot. There will be a fee established by the AUA for the CME credit received when reviewing articles in their library.

**Do I need any specific computer hardware or software program to participate?**

No, the computer that you use to access the internet should suffice. Performance will be influenced by the age of your wifi, computer, and operating system.

**What resources can be used to answer the questions?**

The learning activities are “open resource”. You can use any available resource. This is an individual activity; you are restricted from discussing or gaining assistance from others.

**Who do I contact for help if I have a problem or question?**

Send an email to [CUC@abu.org](mailto:CUC@abu.org). A response will be provided within 1 business day.

**Why do I need to select a module?**

You will select one of 4 modules that best represents your practice. The modules help direct the questions you will be exposed to during the Knowledge Reinforcement and Knowledge Assessment.

**What modules are available?**

The 4 available modules include:

Oncology, Urinary Diversion, and Adrenal  
Calculus, Lap-Robotics, Upper tract obstruction  
Impotence, Infertility, Infection, Andrology  
General Office-based Urology

**Can I change modules?**

You may change your module prior to starting your activity for the year. Once you begin the computer questions you must complete the module selected. During Knowledge Exposure (article and guideline review) you can review all articles in your chosen module but that is not required. You may select any article or guideline that you find beneficial.

**What is the purpose of Knowledge Reinforcement?**

Reinforces existing information through questions that urologists are expected to know.

**What is the purpose of Knowledge Exposure?**

Introduces new information through review of articles and guidelines that will be helpful in order to provide contemporary patient care.

**What is the purpose of Knowledge Assessment?**

Identification of knowledge gaps.

**What if I don't pass the Knowledge Assessment exam?**

The knowledge assessment is not pass/fail. It is utilized to identify individual knowledge gaps. Based on performance, a diplomate may be assigned 1 to 3 CME activities. In addition,

diplomates assigned 3 CME activities may also be required to provide enhanced peer review, completion of complication/death narratives, and a 6 month practice log.

## APPLICATION DEADLINES FOR CONTINUING UROLOGIC CERTIFICATION

<u>Application deadline</u> .....	May 1
(\$750 late fee assessed after deadline)	
<u>Peer Review Deadline</u> .....	May 1
(\$275 late fee assessed after deadline)	
<u>Practice Log and Log Documents</u> .....	June 1
(\$750 late fee assessed after deadline)	
<b>No practice logs will be accepted after June 15</b>	
<u>Knowledge Reinforcement*</u> .....	Completed by no later than August 15
Available on April 1	
<u>Knowledge Exposure</u> .....	Completed by no later than October 1
Available on March 1	
<u>Practice Assessment Protocol (PAP):</u>	
Part A completed.....	May 1
(\$275 late fee assessed after deadline)	
Part B completed .....	August 1
(\$275 late fee assessed after deadline)	
CME Deadline.....	July 1
(\$275 late fee assessed after deadline)	
Quality Improvement Attestation.....	May 1
Patient Safety Module .....	May 1
(\$275 late fee assessed after deadline)	
Professionalism and Ethics Module (PEM).....	May 1
(\$275 late fee assessed after deadline)	